

PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	66638/47082
		First Named Inventor	Shooks
		COMPLETE IF KNOWN	
		Application Number	To be assigned
		Filing Date	Herewith
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Group Art Unit	To be assigned
		Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMBEDDED FIBER OPTIC DEMODULATOR

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐Customer Number
or Bar Code LabelOR ☒ Correspondence address belowName **Robert Villhard**Address **Thompson Coburn LLP, One US Bank Plaza**City **St. Louis**State **MO**ZIP **63101**Country **USA**Telephone **314-552-6293**Fax **314-552-7293**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) **Wesley Raymond**

Family Name

or Surname **Shooks, Jr.**Inventor's
Signature

Date **20 April 2004**Residence: City **St. Charles**State **MO**Country **USA**Citizenship **USA**Mailing Address **7 Collins Court**City **St. Charles**State **MO**ZIP **63303**Country **USA**

NAME OF SECOND INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) **James P.**


Family Name

or Surname **Dunne**Inventor's
Signature

Date **20 April 2004**Residence: City **Ballwin**State **MO**Country **USA**Citizenship **USA**Mailing Address **293 Portwind Place**City **Ballwin**State **MO**ZIP **63021**Country **USA**
☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY OR
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Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Shooks
Title	Embedded Fiber Optic Demodulator
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/47062

I hereby appoint:

Practitioners at Customer Number

021888

OR

☒ Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jinkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
Jonathan G. Musch	53361
Jacob S. Wharton	52428
Robert L. Villhard	53725
Adam P. Brown	52657
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
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David J. Clement	44082
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Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34938
Robert H. Sproule	30689
James Hamley	28081
Nicholas T. Bauz	41604

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<input checked="" type="checkbox"/> Firm or individual Name	Robert Villhard			
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Address	One US Bank Plaza			
City	St. Louis	State	MO	Zip 63101
Country	USA			
Telephone	314-552-6293	Fax	314-552-7293	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record


Name	Wesley Raymond Shooks, Jr.
Signature	
Date	20 April 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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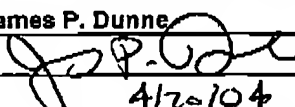
<input checked="" type="checkbox"/> Firm or Individual Name	Robert Villhard		
Address	Thompson Coburn LLP		
Address	One US Bank Plaza		
City	St. Louis	State	MO Zip 63101
Country	USA		
Telephone	314-552-6293	Fax	314-552-7293

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James P. Dunne
Signature	
Date	4/20/04

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